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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) **EXELIS Employees PAC / Harris Corporation** 600 Maryland Ave., SW ADDRESS (number and street) Suite 850E (Check if address is changed) Washington 20024 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS thanna@harris.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2015 C00141002 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Tania Hanna Type or Print Name of Treasurer Tania Hanna [Electronically Filed] 10 30 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FE(C For i	n 1 (Revised 02/2009)	Page 2
		MMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name o Candida			
Candida Party A		Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	mittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Politic	al Ac	tion Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undr	aising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for treatment to committees/organizations, none of which is an authorized committee of a federal candidate.	
(Comn	nittees Participating in Joint Fundraiser	
	1.		
	2.	<u> </u>	
	3.		

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Write or Type Committee Name	•		
EXELIS Employ	ees PAC / Harris Corp	oration	
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
Harris Corporation			
	600 Maryland Ave., SW		
Mailing Address	Suite 850E		
	Washington	DC	20024
	CITY	STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joi	nt Fundraising Represen	tative Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optio	nal) and position of the	person in possession of committee
	Bank PAC Services		1
Full Name	PO Box 75000		
Mailing Address	MC 2250		
		MI	,48275
	Detroit	MI	40273
Title or Position	CITY	STATE	ZIP CODE
Book Keeper		Telephone number	248
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the trussistant treasurer).	easurer of the committee	e; and the name and address of
Full Name Tania Hanr of Treasurer	na 		
Mailing Address	600 Maryland Ave., SW		
	Suite 850E		
	Washington	DC	20024
Title or Position	CITY	STATE	ZIP CODE
Treasurer	т	elephone number	202 729 3709

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 2
	Telephone number	
Name of Bank, I		
Name of Bank, I	Comerica Bank P.O. Box 75000 PAC Services MC 2250 Detroit MI 48275-22	250
	P.O. Box 75000 PAC Services MC 2250 Detroit MI 48275-22	250
	P.O. Box 75000 PAC Services MC 2250 Detroit CITY STATE	
Mailing Address	P.O. Box 75000 PAC Services MC 2250 Detroit CITY STATE	
Mailing Address	P.O. Box 75000 PAC Services MC 2250 Detroit CITY STATE	
Mailing Address Name of Bank, I	P.O. Box 75000 PAC Services MC 2250 Detroit CITY STATE	
Mailing Address Name of Bank, I	P.O. Box 75000 PAC Services MC 2250 Detroit CITY STATE	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

This amendment is for a change in Treasurer.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Harris Corporation Political Action Committee 600 Maryland Avenue SW Mailing Address Suite 850E DC 20024 Washington **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number